

**DURANGO DENTAL ASSOCIATES**

**BRAD A. BELT, D.M.D.**

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

**\*\*You May Refuse to Sign This Acknowledgement\*\***

I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Patient's Name

\_\_\_\_\_  
Signature of Patient / Legal Guardian

\_\_\_\_\_  
Date

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**For Office Use Only**

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- D Individual refused to sign
- D Communications barriers prohibited obtaining the acknowledgement
- D An emergency situation prevented us from obtaining acknowledgement
- D Other (Please Specify)